

PART B - FEE(S) TRANSMITTAL

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1/1/02 7599 05-25-2006

LEXMARK INTERNATIONAL, INC.
 INTELLECTUAL PROPERTY LAW DEPARTMENT
 740 WEST NEW CIRCLE ROAD
 BLDG. 082-1
 LEXINGTON, KY 40550-0999

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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10018139	03/26/2004	Larry Steven Foster	2002-0856-02	8843

TITLE OF INVENTION: COUPLING RETRACTION MECHANISM FOR AN IMAGE FORMING DEVICE

APP. N. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/25/2006
EXAMINED	ART UNIT	CLASS/BL/CLCLASS			
VARGAS, DIXOMARA	2839	399-112000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/37, Rev. 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Coats and Bennett, PLLC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recording as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Lexmark International, Inc.

Lexington, Kentucky

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 3

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1213 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John J. McCardle

Date

7/19/06

Typed or printed name

John J. McCardle

Registration No.

26,770

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